

BARBARA K. GEGAVSKE
Secretary of State
Elections Division
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Office of the
Secretary of State

Barbara Gegavske

Barbara Gegavske
Elections Division

JStokes

12/29/2015

#1218

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year, NRS 284A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name ☐ Change Registered Agent ☐ Change Address
Previous Name of PAC

☐ Other:

Name of Committee:

Operating Engineers Local Union No. 12 Political Fund

Telephone:

626-792-8900

Mailing Address:

150 E. Carson St.

Street Name, Number

Pasadena

City

CA

91103

State

Zip Code

PAC Active Email Address: kburns-edel@kaufmanlegalgroup.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To support or oppose candidates which further the goals of the organization.

REGISTERED AGENT: pursuant to NRS 284A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Shawn Kinsey

Telephone:

702-598-1212

Physical Address:

360 Shadow Lane

Street Name, Number

Las Vegas

City

NV

89106

State

Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒ *Shawn Kinsey*
Signature of Registered Agent

Date:

12/29/15



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Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Telephone:
Carl L. Mendenhall - Treasurer 626-792-8900

Mailing Address:
150 E. Corson Street Pasadena CA 91103
Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:


Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

SUBMITTED BY:

☒  Printed Name: Date: Telephone:
Carl L. Mendenhall 1/4/16 626-792-8900
Signature of Representative of Group